

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/08/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155662</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/06/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>NURSING CARE AT HARTSFIELD VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 OTIS R BOWEN DR</b> <b>MUNSTER, IN 46321</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/24/16 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/06/16</p> <p>Facility Number: 010758 Provider Number: 155662 AIM Number: 200229550</p> <p>At this PSR survey, Nursing Care at Hartsfield Village was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The original one story building except a a therapy gym on the first floor and a six bed addition in rooms B209 to B214 on the second floor was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The facility is a two story building with a one story section and a partial basement. The one story section is Type II (000) construction and the two story building is of Type II (111) construction. Because the one story and two sections of the building are not separated by two hour rated construction, the building is considered one building of Type II (000) construction. The building is fully sprinklered with supervised smoke detectors on all levels including in corridors, in resident rooms, and in areas open to the corridor. The facility has the capacity for 112 and had a</p>	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>NURSING CARE AT HARTSFIELD VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 OTIS R BOWEN DR</b> <b>MUNSTER, IN 46321</b>		
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{K 000}	Continued From page 1 census of 99 at the time of this survey.  All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.	{K 000}			
{K 000}	Quality Review completed on 07/07/16 - DA INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/24/16 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 07/06/16  Facility Number: 010758 Provider Number: 155662 AIM Number: 200229550  At this PSR survey, Nursing Care At Hartsfield Village was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The new addition, consisting of a six bed addition in rooms B209 to B214 on the second floor and a therapy gym on the first floor was surveyed with Chapter 18, New Health Care Occupancies  The facility is a two story building with a one story section and a partial basement. The one story section is Type II (000) construction and the two story building is of Type II (111) construction. Because the one story and two sections of the	{K 000}			

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{K 000}	<p>Continued From page 2</p> <p>building are not separated by two hour rated construction, the building is considered one building of Type II (000) construction. The building is fully sprinklered with supervised smoke detectors on all levels including in corridors, in resident rooms, and in areas open to the corridor. The facility has the capacity for 112 and had a census of 99 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 07/07/16 - DA</p>	{K 000}			